

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043913  
6134 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6134

VS 300  
Rev. 4/59

1  
23 6 28  
3  
4 2  
5 3  
6  
7 0  
8 1  
9 9108  
10 46  
11 123  
12 91-3  
13

DATE AMENDED  
12/10/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

20b Jacked up auto fell across chest while working under auto

DOCUMENT

BY AFFIDAVIT OF Attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 40 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18th & Harrison		d. STREET ADDRESS (If outside, give location) 4016 Garfield	
3. NAME OF DECEASED (Type or print) - First Middle Last WALTER CHARLES FLETCHER		4. DATE OF DEATH Month Day Year 11-9-63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-2-23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Kans City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred Fletcher		13b. MOTHER'S MAIDEN NAME Cora Branam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1942 - 1944		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Cora Fletcher 4016 Garfield Mother		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cesphyriation</u> DUE TO (b) <u>Extreme Pressure on Chest cavity</u> DUE TO (c) <u>Extreme Obesity</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Extreme Obesity</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Jacked up auto fell across chest while working	
20c. TIME OF INJURY Hour Month, Day, Year 3:30 p.m. 11/9/63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> under auto.		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1001 E 18		20f. CITY, TOWN, OR LOCATION Kansaa City, jackson, mo.	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 11/10/63	
22a. SIGNATURE (Degree or title) J. Tillman M.D. Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-15-63	23c. NAME OF CEMETERY OR CREMATORY National	
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. 11-12-63	
26. REGISTRAR'S SIGNATURE Beasie Smith		27. LOCATION (City, town, or county) Ft. Leavenworth, Kansas	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Doc 1 - JAG 22517

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

**Signature of Student Embalmer**

**Signed**

Licensed Embalmer No. 4/5-00

P. O. Address 1820 V. Bentz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.